

As Mr. Greenspan so eloquently put it, "Through skill, perseverance, luck, or political connections, competitors have always pressed for market dominance. It is free, open markets that act to thwart achievement of such dominance, and in the process direct the competitive drive, which seeks economic survival, towards the improvement of products, greater productivity, and the amassing and distribution of wealth. Adam Smith's invisible hand does apparently work."

Let us look, for example, at the Justice Department's case against Microsoft—the most successful and innovative company in the U.S. software industry. In this case, the Justice Department argues that Microsoft does not allow computer manufacturers to customize the desktop. Mr. Klein's solution to this problem is for the government to force Microsoft to allow competing desktops to be displayed on Microsoft's own operating system software.

But only a few weeks after Mr. Klein filed suit against Microsoft on this front, the free market has produced its own solution. A small, start-up software company in Seattle called Pixel has begun marketing a product that makes use of the sliver of black screen space surrounding Microsoft's Windows display on the desktop. Using this empty space, Pixel's software will allow computer manufacturers to display their own control bar. The control bar gives users direct access to web sites chosen by the computer manufacturer.

In the next few weeks, Packard Bell and NEC will start shipping computers with Pixel's new control bar on the opening screen.

Compaq Computer has come up with its own alternative. The company announced last week that it will provide a special keyboard with a new range of personal computers that incorporate function keys for instant access to e-mail, news, weather, shopping, and other features.

Like the Pixel software, this new keyboard enables Compaq to partner directly with Internet publishers and access providers, effectively bypassing Windows.

These innovations make it clear that the free market works much faster and much more effectively than government intervention. It is a lesson that the Administration and Assistant Attorney General Klein should take to heart.

Mr. Klein's counterpart at the Federal Trade Commission, Robert Pitofsky, recently filed a similar case against Intel, another highly successful high tech company that has come under fire for its very success.

The FTC has charged that Intel, in attempting to protect its own intellectual property, is engaging in anti-competitive business practices. This suit comes at the very time that Intel is facing the toughest competition in the microprocessor market that it has

faced in its history as a company. The FTC is as perverse as is the Department of Justice.

Mr. Greenspan's testimony is a breath of fresh air in an increasingly stifling era of big government intervention in the free market. I urge my colleagues in the United States Senate to heed Mr. Greenspan's words and to join me in my efforts to bring reason back into the debate over antitrust policy.

SENATOR LOTT'S PROPOSED
HEALTH UNANIMOUS CONSENT
REQUEST

Mr. KENNEDY. Mr. President, I hope very much that in the coming days, we will be able to begin debate in the full Senate on another major issue of vital importance to the country—the reforms needed in our health care system to end the abuses by HMOs and health insurance companies. Critical decisions on health care should be made by doctors and their patients, not by insurance industry accountants. It is long past time for Congress to act to protect patients and end these abuses. We face a growing crisis of confidence in health care.

A recent survey found that an astonishing 80 percent of Americans now believe that their quality of care is often compromised by their insurance plan to save money. And, too often, they are absolutely right.

One reason for this concern is the explosive growth in managed care. In 1987, only 13 percent of privately insured Americans were enrolled in HMOs. Today 75 percent are in some form of managed care.

This issue goes to the heart of health care and the fundamental doctor-patient relationship. At its best, managed care offers the opportunity to achieve greater efficiency and greater quality in health care.

In too many cases, however, the priority has become greater profits, not greater health. HMOs and conventional insurance companies alike have abused the system by denying coverage for treatments that their customers need and that their premiums should have guaranteed.

In California, a Kaiser Foundation study found that almost half of all patients reported a problem with their health plan. Substantial numbers reported that the plan's actions caused unnecessary pain and suffering, delayed recovery, or even resulted in permanent disabilities.

Projected to the national level, these results indicate that 30 million Americans develop additional health problems because of their plan's abusive practices—and a shocking 11 million develop permanent disabilities.

The dishonor roll of those victimized by insurance company abuse grows every day. A baby loses his hands and feet because his parents believe they have to take him to a distant emergency room rather than the one close to their home.

A Senate aide suffers a devastating stroke, which might have been far milder if her HMO had not refused to send her to an emergency room. The HMO now even refuses to pay for her wheelchair.

A woman is forced to undergo a mastectomy as an outpatient, against her doctor's recommendation. She is sent home in pain, with tubes still dangling from her body.

A doctor is denied future referrals under a managed care plan, because he told a patient about an expensive treatment that could save her life.

The parents of a child suffering from a rare cancer are told that life-saving surgery should be performed by an unqualified doctor who happens to be on the plan's list, rather than by a specialist at the nearby cancer center equipped to perform the operation.

A San Diego paraplegic asks for referral to a rehabilitation specialist. Her HMO refuses, and she develops a severe pressure wound that a rehabilitation specialist would have routinely checked and treated. She is forced to undergo surgery, and is hospitalized for a year with round-the-clock nursing care.

A child suffers a severe shoulder dislocation in a gym class. Frantic school officials make repeated calls to her HMO for authorization to call an ambulance. The accident has cut off the flow of blood to her arm. Fortunately, a mother who was also an emergency room physician was there and was able to give immediate treatment. Otherwise, the child might have lost her arm.

The list of these abuses goes on and on.

Many of us in Congress have offered legislation to end these abuses.

Our proposal is a common sense program that guarantees the American people the fundamental protections that every good insurance company already provides, and that every American who pays insurance premiums deserves to have when serious illness strikes.

But the Republican Leadership's position on these protections is to protect the insurance industry instead of protecting patients. They know that they can't do that in the light of day before the American people. So their strategy has been to work behind closed doors to kill the bill. Keep it bottled up in committee. No markup. No floor vote. Delay, deny, and obfuscate—and hope the clock runs out.

And while the Republican Leadership keeps the bill bottled up, they call on the insurance companies and their right-wing allies to use their vast resources to manipulate public opinion. The National Journal reported in November that "a coalition of business groups, corporations, and health care associations is planning a \$1 million-plus public relations and grass roots blitz to derail new legislation calling for increased regulation of health

plans." Just a few weeks ago, it was reported that the special interest opponents have now spent more than \$3 million to defeat our common sense proposals.

According to the Washington Post of November 5 last year, "Three years after they killed President Clinton's massive health plan, Republican leaders in Congress have embarked on a crusade to block a new generation of federal efforts aimed at regulating the quality of medical care Americans receive."

The article goes on to report that members of the antireform coalition were invited to what was billed as the first in a Series of Briefings for Republican Staff Members. "Clinton Care Returns: The Trojan Horse Strategy." That is what the invitation said to the briefing, sponsored by Senate Majority Leader TRENT LOTT and Senate Majority Whip DON NICKLES—"Clinton Care Returns: The Trojan Horse Strategy."

It is obvious that the Senate Republican leadership is no friend of health reform.

According to a memo from one of the participants in the briefing, "The message we are getting from House and Senate leadership is that we are in a war and we need to start fighting like we are in a war." It went on to say, "Republican leadership is now engaged on this issue and is issuing strong directives to all players in the insurance and employer community to get activated." Their message: "Get off your butts; get out your wallets."

The special interests have responded. They are now pouring millions of dollars into a PR campaign to confuse and intimidate patients, and they are pouring hundreds of thousands of dollars into Republican campaign committees.

One of the directives the GOP leadership gave to their anti-reform coalition was to "write the definitive piece of paper trashing all these bills"—trashing all these bills. It apparently did not matter to the Republican leadership what was actually in the bills—they were all to be trashed.

Willis Gradison, the head of the Health Insurance Association of America, was asked in an interview published in the Rocky Mountain News to sum up the coalition's strategy. According to the article, Mr. Gradison replied, "There's a lot to be said for 'just say no.'" The author of the article goes on to report that, "At a strategy session last month called by a top aide to Senator DON NICKLES, Gradison advised Republicans to avoid taking public positions that could draw fire during the election campaign. Opponents will rely on Republican leaders in both chambers to keep managed care legislation bottled up in committee."

So there you have it. Keep patient protections bottled up. Order your special interest friends to "get off their butts and get out their wallets." Deliver a massive campaign of misinformation and disinformation. Just say yes to the special interests—and just say no to the American people.

We saw the results of that strategy in the Senate yesterday when the Republicans put the interests of the tobacco companies ahead of the interests of the American children. Next, it is good medical care for American families that will be sacrificed on the altar of special interest profits, if the Republican leadership has its way.

But those leaders are feeling the heat. Yesterday, the Republican leader tried a new tactic to try to persuade the American people that he is not trying to block managed care reform. But the tactic was another transparent attempt to dodge full and fair debate on this important issue of health reform.

The Republican leader proposed an agreement under which the Senate could potentially take up our legislation, which is called the Patients' Bill of Rights. But the proposal is clearly not defined to allow a fair debate or give American families the protections they need. Instead, it is designed to give Republican Senators yet one more excuse for not taking up this critical legislation.

First, it puts off action for several more weeks, even though time is clearly running out in this session of Congress, even though the American people have already been waiting for more than a year for action, even though every day we delay, more abuses take place and more patients suffer needless pain and illness.

Next, the agreement proposed by the Republican leader would let him bring up any health care bill at all—not a hint of what that could be. Yet he would limit Democrats to offering the text of S. 1891, as introduced, without revisions. The Republican leader is not even proposing that we bring up the complete Patients' Bill of Rights, which is S. 1890. Instead, he wants us to offer a companion bill that does not provide patients with the right to hold health plans accountable for medical decisions that result in injury or death. It does not provide protections for those who buy health insurance on their own, without assistance from an employer. It is not the real Patients' Bill of Rights.

In addition, the proposed agreement asks for a vote "on or in relation to" the unnamed Republican bill and the Democratic substitute. Again, a Trojan horse. This does not guarantee a clear vote or final action. The Republican leadership could meet this requirement by simply having procedural votes—on cloture, a point of order, or motion to table. Under this proposal, the American people will never find out where the Senate stands on patient protections.

Adding insult to injury, the proposal further states that even if we win a vote—even if we win a vote—he reserves the right to kill the bill by returning it to the Senate calendar after the vote.

This is what his proposal says:

... and following those votes, it be in order for the majority leader to return the legislation to the calendar.

So even if we win the vote, this gives the authority to the majority leader to send it back to the calendar. Generally, if you win the vote around here on a piece of legislation, it goes to the House of Representatives, or if it has been in the House of Representatives, it goes to the President of the United States. That is the way you legislate—but not under the proposal of the Republican leadership, and not on the issue of the Patients' Bill of Rights, which he continues to refuse to schedule in this session of the Congress.

This is bizarre, Mr. President. I know he announced it at a press conference, rather than sharing it with the Democratic leader and those who have been involved in the issue, which is generally the process and procedure. I don't know whether he thought that by issuing it at a press conference he would be able to flummox the American people into thinking he was really doing something, in order for the majority leader to return the legislation to the calendar.

So after we debate for weeks, he is instructing the Democrats which bill to bring up, while he is keeping open his options. He is saying that any vote that is in relation to it, any vote at all, will answer the requirements of the proposal; and if we win the final vote, he can still put the legislation right back on the calendar.

Mr. President, that is not even the end of it. Finally, the proposed agreement states that no other health care proposal—no bills, no amendments—can be considered this year on the issue. No health care proposal—none. This could even preclude further consideration of tobacco legislation.

This is what it says, Mr. President:

Finally, I ask unanimous consent that it not be in order to offer any legislation, motion, or amendment relative to health care prior to the initiation of this agreement, and following the execution of the agreement, it not be in order to offer any legislation, motion, or amendment relative to health care for the remainder of the 105th Congress.

I ask unanimous consent that the text of this unanimous consent request be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

HEALTH CARE CONSENT

I ask unanimous consent that prior to the August recess, the majority leader, after notification of the minority leader, shall turn to the consideration of a bill to be introduced by the majority leader, or his designee, regarding Health Care.

I further ask that the Senate proceed to its immediate consideration and following the reporting by the clerk, Senator DASCHLE or his designee be recognized to offer as a substitute the text of S. 1891, as introduced on March 31, 1998.

I further ask that during the consideration of the Health Care issue, it be in order for members to offer Health Care amendments in the first and second degree.

I further ask unanimous consent that the chair not entertain a motion to adjourn or recess for the August recess prior to a vote on or in relation to the majority leader's bill and the minority leader's amendment, and following those votes, it be in order for the majority leader, to return the legislation to the calendar.

Finally, I ask unanimous consent that it not be in order to offer any legislation, motion or amendment relative to Health Care prior to the initiation of this agreement, and following the execution of the agreement, it not be in order to offer any legislation, motion or amendment relative to Health Care for the remainder of the 105th Congress.

Mr. KENNEDY. So you can't offer anything to do with the health care of the American people prior to this, or after this, or after the Republican leader puts this proposal back on the calendar to shelve it. In other words, the Republican leadership says to the Senate of the United States: You can't deal with anything affecting the health care of the American people for the rest of this Congress.

Come on, Mr. President. Come on, Mr. President. This is just the day after the Republican leadership tried to sink the tobacco bill. Now they are out there trying to deny us the opportunity to debate one of the most important health care bills that is before the American people.

Mr. President, it is just unbelievable to me to think that the majority leader's proposal was going to be considered in good faith by our Democratic leader, or by any Member—not just leadership—by any Member. We are all equals in this body.

Those who are interested in health care ought to be concerned when a proposal is put forward to muzzle the U.S. Senate on health care. What does the Republican leadership fear? What do they fear about a full and open debate on the Patients' Bill of Rights? What do they fear in a debate about trying to give an opportunity for the Senate to express itself to permit our uninsured citizens between the ages of 55 and 64 to be able to buy into the Medicare system? What do they fear about having an open and full debate on that issue, if the individuals are going to pay full premiums? What do they have to fear about the possibility of requiring that companies of 50 or more employees have some requirement to provide health care for their employees? Can't we have a debate on that issue? Can't we have a rollcall on that issue?

Some will agree. Some will differ. Let the American people make a judgment about how their representatives stand. No, no, not if the majority leader, on behalf of the Republicans, have their way.

This proposal says "not be in order to offer any legislation, motion, or amendment relative to health care prior to the initiation of the agreement," which is sometime just before the August recess, for the next several weeks, and for the rest of this session following completion of this proposed agreement. If we were to proceed with it, we would be absolutely curtailed

from any kind of effort to try to address health care for the American people. This could even preclude further consideration of tobacco legislation, or proposals to extend health insurance to uninsured Americans between the ages of 55 and 64, or improvements in Medicare package for senior citizens, or appropriations for the National Institutes of Health and other health programs, or legislation on the privacy of medical records—the list goes on and on.

Many of us believe that as we move on into the millennium, it is going to be the millennium of the life sciences with extraordinary scientific breakthroughs. And the Republican leader wants to silence us from having some opportunity to debate that priority?

Mr. President, it prohibits consideration of any legislation dealing with the problems of the privacy of our medical records, and the dangers that exist in terms of the proliferation of medical records. There are enormously important issues relating to the privacy of medical records that Republicans and Democrats have tried to address. But we are foreclosed from any opportunity to consider that under this proposal.

Mr. President, it often takes, as we all know, many votes to pass legislation important to American families. Rarely can we do so on the first attempt. These arbitrary, unfair restrictions serve only to strengthen the power of the special interests. We have heard where those special interests are. We understand what they are doing at the present time—raising millions of dollars, and going on with these distortions and misrepresentations.

The networks were hardly quiet after the tobacco industry was able to disrupt the kind of successful conclusion of legislation here in the U.S. Senate that would protect our children. The airwaves are polluted again with distortions and millions of dollars in trying to do a similar job on the Patients' Bill of Rights. They are not going to succeed in either one, Mr. President.

It is said that you can fool some of the people all of the time, all of the people some of the time, but not all of the people all of the time.

This unanimous consent request isn't going to fool any of the people any of the time. The American people want patient protections. They deserve them and know parliamentary maneuvers. No public relations campaign is going to allow the Republican leadership to avoid responsibility if this Congress does not pass strong HMO reform legislation this year.

REGULATING THE TENNESSEE VALLEY AUTHORITY

Mr. FORD. Mr. President, I rise to comment on the concerns I have about recent proposals to dramatically change the regulatory structure of the Tennessee Valley Authority. Recently, legislation was introduced to make dramatic changes in the regulatory structure of TVA, starting with the

granting of regulatory authority to the Federal Energy Regulatory Commission.

TVA has had remarkably stable rates over the last decade, with only one significant rate increase during this time period. I agreed that TVA has not been run perfectly through the years. However, to consider a substantial regulatory overhaul for this agency at a time when comprehensive electric industry deregulation is right around the corner appears to me to be premature and unwise. Legislation to impose additional regulatory controls at a time when the Congress is beginning to seriously consider significantly less regulation for the rest of the industry seems contradictory to me.

In addition, I have concerns about the impact of such a proposal on the coal industry in my state. I would strongly oppose efforts to impose a new federal regulatory layer that may limit the flexibility of TVA to purchase Kentucky coal. TVA buys over 26 million tons of Kentucky coal per year, which adds \$600 million to the economy of my State. TVA is responsible for more than 20 percent of all coal purchases in Kentucky.

I have heard from many Kentuckians who are concerned about this new regulatory proposal. I wish to place my colleagues on notice that I will strongly oppose any such regulatory scheme, and will oppose other overhaul efforts outside of the context of deregulation legislation. It makes no sense to consider two major regulatory changes in such a short period of time.

UTAH JAZZ—WESTERN CONFERENCE NBA CHAMPS

Mr. HATCH. Mr. President, I rise today to congratulate my home team, the Utah Jazz, on their remarkable season and thrilling playoff run. For the second straight year, the Jazz won the NBA's Western Conference in impressive fashion and lost a well-fought series to the Chicago Bulls by the slimmest of margins.

As one of the team's most faithful fans, I share the heartache of the players and coaches, who came so close to reaching their goal only to fall one point short of a seventh game. However, I am confident that Jazz fans everywhere share my feelings of pride in the season that these gutsy, tenacious players gave us to enjoy.

To those players who believe that professional sports have become just another business with big salaries and product licenses, I will simply say that the Utah Jazz personify everything that is good about the game of basketball. The Jazz believe in teamwork, pure fundamentals, courage, and determination.

Basketball fans throughout the country have become enamored with the